

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043257

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 41VS 300
Rev. 4/59

10520

20520-

3

4 1

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9260X

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11

1290-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hurdland		Length of stay in 1b 4 yrs	c. CITY OR TOWN Hurdland Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIMA Middle ETHEL Last HENRY		4. DATE OF DEATH Month Nov Day 15 Year 1962	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2Feb1891 9. AGE (last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Schuyler County, Mo 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Joseph Paxson		13b. MOTHER'S MAIDEN NAME Margaret Shaffer	14. NAME OF HUSBAND OR WIFE Charles A Henry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 8	17. INFORMANT Address Mrs. Joe Kriegshauser Edina, Mo
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease grade IV DUE TO (b) Diabetes mellitus DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 30 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21. I attended the deceased from May 8th 1955 to Nov. 15th 1962 and last saw her alive on Nov. 14th 1962		22a. SIGNATURE (Degree or title) Francis Tanydar m.d. 22b. ADDRESS Edina Missouri 22c. DATE SIGNED Nov. 15th 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 17 Nov '62	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery 23d. LOCATION (City, town, or county) Hurdland, Mo (State)
24. FUNERAL DIRECTOR ADDRESS HUDSON-PRIMER FUNERAL HOMES Edina, Mo		25. DATE RECD. BY LOCAL REG. 11-19-62 26. REGISTRAR'S SIGNATURE Nell A. Hummel	

NOV 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

A. H. Rimmer

Licensed Embalmer No. 5041

P.O. Address Edina, Minn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.